

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO REVEAL AND EMBODY CHRIST'S HEALING LOVE FOR ALL PEOPLE THROUGH OUR HIGH QUALITY FRANCISCAN HEALTH CARE MINISTRY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$ 143,697,962	including grants of \$ 0	(Revenue \$ 139,770,038 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$ 78,320,498	including grants of \$ 0	(Revenue \$ 50,885,967 )
See Additional Data				

<b>4c</b>	(Code )	(Expenses \$ 65,107,215	including grants of \$ 0	(Revenue \$ 46,282,535 )
See Additional Data				








(Code )	(Expenses \$ 104,834,866	including grants of \$ 18,081	(Revenue \$ 284,337,765 )
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ST JOHN'S OTHER SPECIALIZED SERVICES INCLUDE CANCER CARE, WOMEN'S SERVICES, A NEUROSCIENCES INSTITUTE, HOME HEALTH, HOSPICE, AN EMERGENCY DEPARTMENT THAT NEARLY 54,000 PEOPLE PER YEAR SEEK CARE IN AND THE ST JOHN'S CHILDREN'S HOSPITAL. OUR CHILDREN'S HOSPITAL IS THE ONLY COMPREHENSIVE CHILD HEALTH CARE FACILITY IN SOUTH-CENTRAL ILLINOIS AND PROVIDES VITAL HEALTH CARE FOR THE REGION'S CHILDREN, FROM INFANCY THROUGH AGE 18. RECOGNIZED BY THE CHILDREN'S HOSPITAL ASSOCIATION AND A MEMBER OF THE ASSOCIATION OF ILLINOIS CHILDREN'S HOSPITALS, ST JOHN'S CHILDREN'S HOSPITAL OFFERS A WIDE RANGE OF SERVICES FOR CHILDREN AND THEIR FAMILIES BOTH HERE AT OUR FACILITIES AND EXTENDING INTO THE HOME. SERVICES INCLUDE - GENERAL PEDIATRIC BEDS, WITH PRIVATE BATH, SHOWER AND PARENTAL SLEEPING AREA - PEDIATRIC ICU - PEDIATRIC HEMATOLOGY/ONCOLOGY - LEVEL III NEONATAL ICU - PEDIATRIC EMERGENCY ROOM SERVICES - NEONATAL AND PEDIATRIC TRANSPORTATION - THE ONLY REGIONAL LEVEL III PERINATAL CARE CENTER IN THE AREA - CHILD AND FAMILY SUPPORT AND SERVICES THROUGH OUR CHILD LIFE SPECIALISTS AND SOCIAL AND SPIRITUAL SERVICES DEPARTMENTS - COMPREHENSIVE OUTPATIENT SERVICES SUCH AS HOME HEALTH, CHILDREN'S REHABILITATION CENTER AND EARLY INTERVENTION PROGRAM - A RONALD MCDONALD HOUSE ON SITE

<b>4d</b>	Other program services (Describe in Schedule O )			
(Expenses \$ 104,834,866	including grants of \$ 18,081	(Revenue \$ 284,337,765 )		

<b>4e</b>	<b>Total program service expenses</b>	391,960,541		
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b> Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	627	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,656
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 12		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	Yes

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records. ▶Steve Umland 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 (217) 544-6464	

Check if Schedule O contains a response or note to any line in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2017)

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	3,065,129	2,006,526	986,022

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 116

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Southern IL University School of Medicine  PO Box 19607 SPRINGFIELD, IL 627949607	Physicians	18,209,237
Harold O'Shea Builders  3401 Constitution Dr Springfield, IL 627117013	Construction	10,533,410
Sodexo Inc & Affiliates  4880 Paysphere Cir Chicago, IL 606740048	Food Services	3,127,684
FocusOne Solutions  PO Box 3037 OMAHA, NE 681030037	Contractors	2,047,567
Southern IL University Healthcare  PO Box 19639 SPRINGFIELD, IL 627949639	Physicians	2,045,910

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 103</p>	
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Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☒

Contributions, Gifts, Grants  
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
<b>b</b> Membership dues . . . . .	<b>1b</b>			
<b>c</b> Fundraising events . . . . .	<b>1c</b>			
<b>d</b> Related organizations . . . . .	<b>1d</b>	2,245,609		
<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	457,759		
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	6,219		
<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .				
<b>h Total.</b> Add lines 1a-1f . . . . .		2,709,587		

Program Service Revenue

	Business Code				
<b>2a</b> NET PATIENT SERVICE REVENUE . . . . .	900099	510,779,575	510,779,575		
<b>b</b> DEPARTMENTAL INCOME . . . . .	900099	10,496,730	10,496,730		
<b>c</b> . . . . .					
<b>d</b> . . . . .					
<b>e</b> . . . . .					
<b>f</b> All other program service revenue . . . . .		0	0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .		521,276,305			

Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		67,874			67,874
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
	2,644,203				
<b>b</b> Less rental expenses . . . . .					
<b>c</b> Rental income or (loss) . . . . .	2,644,203	0			
<b>d</b> Net rental income or (loss) . . . . .		2,644,203			2,644,203
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	1,301,124				
<b>b</b> Less cost or other basis and sales expenses . . . . .					
<b>c</b> Gain or (loss) . . . . .	1,301,124	0			
<b>d</b> Net gain or (loss) . . . . .		1,301,124			1,301,124
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue . . . . .	Business Code				
<b>11a</b> SHARED SERVICES . . . . .	561000	9,398,501			9,398,501
<b>b</b> MEDICAL AND DIAGNOSTIC LAB . . . . .	621500	1,215,978		1,215,978	
<b>c</b> GIFT SHOP . . . . .	453220	337,760			337,760
<b>d</b> All other revenue . . . . .		163,868	0	35,555	128,313
<b>e Total.</b> Add lines 11a-11d . . . . .		11,116,107			
<b>12 Total revenue.</b> See Instructions . . . . .		539,115,200	521,276,305	1,251,533	13,877,775

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0	0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	18,081	18,081		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,791,032	0	1,791,032	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
<b>7</b> Other salaries and wages.	145,154,959	124,082,879	21,072,080	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	-1,665,054	-1,423,339	-241,715	0
<b>9</b> Other employee benefits.	28,383,115	24,262,751	4,120,364	0
<b>10</b> Payroll taxes.	10,754,099	9,192,931	1,561,168	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0	0	0	0
<b>b</b> Legal.	300,658	0	300,658	0
<b>c</b> Accounting.	7,000	0	7,000	0
<b>d</b> Lobbying.	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	133,909,170	75,543,732	58,365,438	0
<b>12</b> Advertising and promotion.	1,005,215	69,071	936,144	0
<b>13</b> Office expenses.	5,403,763	4,367,159	1,036,604	0
<b>14</b> Information technology.	8,865,960	7,996,083	869,877	0
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	8,107,877	7,485,147	622,730	0
<b>17</b> Travel.	535,417	288,254	247,163	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	0	0	0	0
<b>20</b> Interest.	4,448,074	632,542	3,815,532	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	30,055,515	23,215,454	6,840,061	0
<b>23</b> Insurance.	6,236,759	1,000	6,235,759	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> PROVISION FOR BAD DEBT	7,426,932	7,315,596	111,336	0
<b>b</b> MEDICAID TAXES	16,866,963	0	16,866,963	0
<b>c</b> LICENSES, BOOKS AND LEASES	11,972,165	5,769,580	6,202,585	0
<b>d</b> MEDICAL SUPPLIES	95,820,317	95,820,317	0	0
<b>e</b> All other expenses	7,890,151	7,323,303	566,848	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	523,288,168	391,960,541	131,327,627	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		701,473	<b>1</b>	743,333
	<b>2</b>	Savings and temporary cash investments . . . . .		1,901,209	<b>2</b>	10,945,169
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		156,410,824	<b>4</b>	126,103,639
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		12,902,099	<b>8</b>	13,310,565
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		4,086,733	<b>9</b>	4,069,081
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	790,782,797		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	431,256,255		
				353,835,458	<b>10c</b>	359,526,542
	<b>11</b>	Investments—publicly traded securities . . . . .		127,735,855	<b>11</b>	112,224,587
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		4,399,414	<b>15</b>	2,547,785	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		661,973,065	<b>16</b>	629,470,701	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		37,874,510	<b>17</b>	44,989,234
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		262,860,931	<b>20</b>	252,247,374
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		91,156,216	<b>25</b>	65,561,570
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		391,891,657	<b>26</b>	362,798,178
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		242,572,140	<b>27</b>	236,766,381
	<b>28</b>	Temporarily restricted net assets . . . . .		24,625,577	<b>28</b>	26,814,265
	<b>29</b>	Permanently restricted net assets . . . . .		2,883,691	<b>29</b>	3,091,877
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		0	<b>30</b>	0
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		0	<b>31</b>	0
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		0	<b>32</b>	0
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		270,081,408	<b>33</b>	266,672,523
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		661,973,065	<b>34</b>	629,470,701

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	539,115,200
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	523,288,168
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	15,827,032
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	270,081,408
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,907,042
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-21,142,959
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	266,672,523

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**Additional Data**

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 37-0661238  
**Name:** St John's Hospital of the Hospital Sisters of the Third Order  
of St Francis

Form 990 (2017)

**Form 990, Part III, Line 4a:**  
SEE SCHEDULE O - PROGRAM SERVICE REVENUE - CARDIOVASCULAR

**Form 990, Part III, Line 4b:**

SEE SCHEDULE O - PROGRAM SERVICE REVENUE - INTERNAL MEDICINE

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**Form 990, Part III, Line 4c:**

SEE SCHEDULE O - PROGRAM SERVICE REVENUE - GENERAL SURGERY

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES LUCORE MD PRESIDENT & CHIEF EXECUTIVE OFFICER	60 0 ..... 0 0	X		X				0	550,035	141,359
LYNN SCOTT 2017 & 2018 Chair	5 0 ..... 0	X		X				0	0	0
TIM NICOUD JR 2017 & 2018 Vice Chair	1 0 ..... 2 0	X		X				0	0	0
SR MARYBETH CULNAN OSF 2017 & 2018 Secretary/HSBS Sister	1 0 ..... 10 0	X		X				0	0	0
KENNETH JOHNSON MD BOARD MEMBER	1 0 ..... 49 0	X						0	481,230	128,513
LESA BRANHAM BOARD MEMBER	1 0 ..... 0	X						0	0	0
DONALD GRAHAM MD BOARD MEMBER	1 0 ..... 0	X						0	0	0
SR BERNADINE GUTOWSKI OSF BOARD MEMBER	1 0 ..... 4 0	X						0	0	0
MICHAEL HOUSTON BOARD MEMBER	1 0 ..... 0	X						0	0	0
JUAN HUERTA BOARD MEMBER	1 0 ..... 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Jason Knoedler	10									
BOARD MEMBER	.....0	X						0	0	0
DJ LONG JR	10									
BOARD MEMBER	.....0	X						0	0	0
TRUDY NELSON	20									
BOARD MEMBER	10 .....0	X						0	0	0
ROGER SABLES	10									
BOARD MEMBER	.....0	X						0	0	0
EVERT J KUIPER	200									
CEO CENTRAL ILLINOIS DIV	.....400			X				0	656,750	141,013
STEVEN UMLAND	160									
CHIEF FINANCIAL OFFICER - CENTRAL IL DIVISION	.....330			X				392,919	0	92,782
ANN M CARR	03									
TREASURER	.....597			X				0	318,511	120,197
PATRICIA FISCHER	200									
CHIEF OPERATING OFFICER	.....400			X				380,262	0	40,029
GURPREET MANDER	750									
CHIEF MEDICAL OFFICER	.....0			X				355,235	0	35,232
ALLISON PAUL	500									
CHIEF NURSING OFFICER	.....0			X				229,058	0	13,905

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ricky Tolson	50 0									
Division Chief HR Officer	..... 0			X				195,832	0	28,154
MARY CHAMBERS	16 0									
DIRECTOR OF INFORMATION SYSTEMS	..... 0			X				0	0	0
CHRISTOPHER CAMPBELL	50 0									
DIVISION DIRECTOR OF STRATEGY	..... 0					X		232,886	0	30,908
AMY JONES	40 0									
EXECUTIVE DIRECTOR - NURSING ADMINISTRATION	..... 0					X		208,323	0	100,566
ELIZABETH KABRICK	40 0									
MANAGER OF PERFUSION	..... 0					X		198,144	0	37,806
Michelle Clatfelter	40 0									
Director of Legal Services	..... 0					X		184,046	0	21,998
Ann Derrick	50 0									
Director Home Health	..... 0					X		183,062	0	33,145
DAVID OLEJNICZAK	0 0									
FORMER CHIEF OPERATING OFFICER	..... 0 0						X	225,427	0	12,793
REBECCA PUCLIK	0 0									
FORMER DIVISION CHIEF PEOPLE OFFICER	..... 26 0						X	279,935	0	7,622

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number

37-0661238

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			



Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

Additional Data

Software ID: 17005876  
Software Version: 2017v2.2  
EIN: 37-0661238  
Name: St John's Hospital of the Hospital Sisters of the Third Order  
of St Francis

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

<b>SCHEDULE C</b> <b>(Form 990 or 990-EZ)</b>	<b>Political Campaign and Lobbying Activities</b> <b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b> <b>▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.</b> <b>▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at</b> <b><u>www.irs.gov/form990</u>.</b>	OMB No 1545-0047 <b>2017</b> <b>Open to Public Inspection</b>
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**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization St John's Hospital of the Hospital Sisters of the Third Order of St Francis	<b>Employer identification number</b> 37-0661238
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3** Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**
- 4a** Was a correction made? ☐ **Yes** ☐ **No**
- b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		55,650
<b>j</b>	Total. Add lines 1c through 1i			55,650
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST JOHN'S HOSPITAL (THE HOSPITAL) IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE ILLINOIS HEALTH ASSOCIATION ("IHA"), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, AND THE AMERICAN HEALTH ASSOCIATION ("AHA") AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES, WITH PART OF THESE DUES BEING ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID. THE ASSOCIATIONS THE HOSPITAL PAYS ARE AS FOLLOWS - AMERICAN HOSPITAL ASSOCIATION ("AHA") AT 22.98% LOBBYING EXPENSE - CATHOLIC HEALTH ASSOCIATION ("CHA") AT 3.93% LOBBYING EXPENSE - ILLINOIS HOSPITAL ASSOCIATION ("IHA") AT 38.00% LOBBYING EXPENSE - NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE AT 15.00% LOBBYING EXPENSE. THE TOTAL AMOUNT OF ANNUAL DUES PAID TO EACH ASSOCIATION IS MULTIPLIED BY THE PERCENTAGE OF DUES ALLOCATED TO LOBBYING EXPENSE TO CALCULATE THE TOTAL LOBBYING EXPENDITURES PAID.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST JOHN'S HOSPITAL (THE HOSPITAL) IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE ILLINOIS HEALTH ASSOCIATION ("IHA"), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, AND THE AMERICAN HEALTH ASSOCIATION ("AHA") AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES, WITH PART OF THESE DUES BEING ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID. THE ASSOCIATIONS THE HOSPITAL PAYS ARE AS FOLLOWS - AMERICAN HOSPITAL ASSOCIATION ("AHA") AT 22.98% LOBBYING EXPENSE - CATHOLIC HEALTH ASSOCIATION ("CHA") AT 3.93% LOBBYING EXPENSE - ILLINOIS HOSPITAL ASSOCIATION ("IHA") AT 38.00% LOBBYING EXPENSE - NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE AT 15.00% LOBBYING EXPENSE. THE TOTAL AMOUNT OF ANNUAL DUES PAID TO EACH ASSOCIATION IS MULTIPLIED BY THE PERCENTAGE OF DUES ALLOCATED TO LOBBYING EXPENSE TO CALCULATE THE TOTAL LOBBYING EXPENDITURES PAID.

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As Filed Data -

DLN: 93493128014429

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number  
37-0661238

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐

Preservation of land for public use (e g , recreation or education)

☐

Protection of natural habitat

☐

Preservation of open space

☐

Preservation of an historically important land area

☐

Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

(i)

Revenue included on Form 990, Part VIII, line 1

(ii)

Assets included in Form 990, Part X

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	23,002,427		23,002,427
b Buildings	0	287,431,415	120,998,307	166,433,108
c Leasehold improvements	0	4,865,796	3,165,164	1,700,632
d Equipment	0	214,655,854	171,706,626	42,949,228
e Other	0	260,827,305	135,386,158	125,441,147
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				359,526,542

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
ACCRUED BENEFIT LIABILITY	33,425,539
SETTLEMENT VALUE OF INT RATE SWAP PROGRAM	1,580,311
THIRD PARTY REIMBURSEMENT PROGRAM	22,544,976
ASSET RETIREMENT OBLIGATION	8,010,744
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	65,561,570

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 37-0661238  
**Name:** St John's Hospital of the Hospital Sisters of the Third Order of St Francis

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>HSHS and the Foundation are Illinois not-for-profit organizations as described in Section 501 (c) (3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501 (a) of the Code. Kiara, Inc. is an Illinois for-profit corporation that recognizes income taxes under the asset-and-liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the consolidated financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carry forwards. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not Kiara, Inc. will not realize the majority of the benefits of these deductible differences. Full valuation allowances have been applied against the deferred tax assets attributable to the net operating loss carry forwards not realized as of June 30, 2018 and 2017 in the accompanying consolidated financial statements due to the uncertainty of realization. HSHS recognizes the tax benefit from an uncertain tax position only if it is more likely than not the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of June 30, 2018 and 2017, HSHS does not have any liabilities for unrecognized tax benefits.</p>

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

St John's Hospital of the Hospital Sisters of the Third Order of St Francis

37-0661238

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☒ 200% ☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 60000 %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,735,064		3,735,064	0 72 %
b Medicaid (from Worksheet 3, column a)			113,495,815	90,973,057	22,522,758	4 37 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	117,230,879	90,973,057	26,257,822	5 09 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,754,827	35,558	1,719,269	0 33 %
f Health professions education (from Worksheet 5)			20,537,704	6,861,161	13,676,543	2 65 %
g Subsidized health services (from Worksheet 6)			37,209	0	37,209	0 01 %
h Research (from Worksheet 7)			400,709	0	400,709	0 08 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			704,165	68,206	635,959	0 12 %
j Total. Other Benefits	0	0	23,434,614	6,964,925	16,469,689	3 19 %
k Total. Add lines 7d and 7j	0	0	140,665,493	97,937,982	42,727,511	8 28 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2017

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing					0	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support					0	0 %
<b>4</b> Environmental improvements					0	0 %
<b>5</b> Leadership development and training for community members					0	0 %
<b>6</b> Coalition building					0	0 %
<b>7</b> Community health improvement advocacy					0	0 %
<b>8</b> Workforce development					0	0 %
<b>9</b> Other					0	0 %
<b>10 Total</b>	0	0	0	0	0	0 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	7,426,932	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>	275,168	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	117,028,954
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	136,612,922
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-19,583,968
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

ST JOHN'S HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b> Yes	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.st-johns.org/Hospital-Information/About-Us/PDFs/2018-CHNA.pdf</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https://www.st-johns.org/Hospital-Information/About-Us/PDFs/Implementation-Plan_SJS_2018.pdf</u>	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>Plan_SJS_2018.pdf</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

ST JOHN'S HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>600.0</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>http://www.hshs.org/FAP</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>http://www.hshs.org/FAP</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>http://www.hshs.org/FAP</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

ST JOHN'S HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST JOHN'S HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f SCHEDULE H, PART 1, COL F	The bad debt expense included on Form 990, Part IX, Line 25, column (A) was subtracted prior to and for the purpose of calculating the percentage in Part I, Line 7, column (f) is \$7,426,932

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI SECTION 501(R) INFORMATION	IN JANUARY 2015, THE ORGANIZATION ENGAGED A LAW FIRM TO REVIEW AND REVISE ITS FINANCIAL ASSISTANCE POLICY TO MEET THE REQUIREMENTS OF TREASURY REGULATIONS ISSUED UNDER SECTION 501(R) THE HOSPITAL BEGAN TO FOLLOW THAT REVISED POLICY DURING 2015, HOWEVER IT WAS NOT FORMALLY APPROVED UNTIL OCTOBER 2017 TO ENSURE FULL COMPLIANCE WITH SECTION 501(R) AND THE TREASURY REGULATIONS ISSUED THEREUNDER, IN NOVEMBER 2017 THE ORGANIZATION ENGAGED AN OUTSIDE CONSULTANT TO REVIEW ALL APPLICABLE POLICIES AND PRACTICES AND CONTINUES TO MONITOR COMPLIANCE WITH 501(R) ON A REGULAR BASIS

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	CURRENTLY ST JOHN'S HOSPITAL'S ONLY SUBSIDIZED PROGRAM IS THE NEONATAL INTENSIVE CARE UNIT (NICU) FOLLOW UP CLINIC, WHICH IS A MULTIDISCIPLINARY CLINIC FOR FOLLOW UP CARE FOR INFANTS WHO WERE PATIENTS IN THE NICU THE PRIMARY PURPOSE IS TO ASSESS PATIENTS FOR GROWTH AND DEVELOPMENTAL DELAYS, AND TO REFER PATIENTS TO THE APPROPRIATE SERVICES AS NEEDED

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	7426932



# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	TO DETERMINE THE ACTUAL COST OF THESE SERVICES, THE HOSPITAL USES A COST-TO-CHARGE RATIO (derived FROM IRS SCHEDULE H - WORKSHEET 2) BASED ON OUR AUDITED FINANCIAL STATEMENTS TO CALCULATE THE AMOUNTS REPORTED ON LINES 7A THROUGH 7I TOTAL COMMUNITY BENEFIT EXPENSE FOR FY2018 IS \$42,727,511

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	<p>Self-pay patients are screened for verification of no insurance coverage. Once verification of no coverage has been completed, the guarantors will be screened for charity or uninsured discounts based on income levels. Those guarantors who do not qualify for charity through the screening process will be asked to provide proof of income in the form of a recent pay stub and/or recent tax return to determine the level of uninsured discounting. If no proof of income is provided or a guarantor's income is greater than 201% of the federal poverty level, the appropriate discount according to the established criteria up to 600% of the federal poverty level will be applied. The amount of money not collected from those self-pay patients who are not eligible for charity care is reported as bad debt. Allowances for Doubtful Accounts have been recorded based on an historical matrix, using collectability percentages by payor and aging category in accordance with HSHS Executive Policy #F-23, Valuation of Net Accounts Receivable. Percentages are based on historical experience at the hospital and adjusted for known limitations. The Hospital reports bad debt in accordance with Generally Accepted Accounting Principles (GAAP).</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	HSHS St John's Hospital strongly believes that its charity care, and the related community benefit obtained from such care, is understated because of those patients who potentially qualify for charity care but do not wish to apply for it. In addition, some care is not classified as charity because of missing documentation on patient resources. Thus, the hospital's bad debt includes a portion that could be classified as charity care if application for such care was sought and/or completed.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The text of the footnote to the organization's financial statements that describes bad debt expense can be found on page 20 of the HSHS Consolidated Audit Report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	<p>HSHS St John's Hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital leadership continually advocates for improved Medicare payment so that the cost of quality care to those patients who are not able to afford it is not compromised and is fairly subsidized by all payers. The IRS does not classify this shortfall in Medicare payments as Community Benefit. However, we believe it is an important contribution made by the hospital to the health and well-being of the community. If the Medicare program did not exist, many Medicare patients would be eligible for financial assistance or other means-tested government programs. Further, by absorbing this shortfall and providing care below cost to these individuals, St John's Hospital is relieving the burden of the government. Accordingly, this shortfall restricts St John's Hospital's ability to make funds available to provide for financial assistance and other Community Benefit. The hospital Medicare shortfall at cost for fiscal year 2018 was \$19,583,968.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	<p>Every effort is made prior to, during and after provision of medical services to determine whether a patient is eligible for charity/community care and to assist the patient in completing the application and provide adequate documentation. If the patient qualified for charity/community care for the full balance of their account, the entire amount is written off to charity/community care and hence no debt collection is pursued. If the patient qualified for charity/community care for a portion of their account balance, that portion is written off to charity/community care, with the patient being responsible for the remainder of the balance. Additionally, reasonable effort will be made to obtain third-party or government payer reimbursement on behalf of the patient. If those efforts are not fruitful, an offer will be extended to the patient to make installment payments on their balance. Only at such point that the patient defaults on installment payments or refuses to cooperate with the hospital's efforts to be reimbursed will the account be sent to collections. The hospital will make reasonable efforts to determine whether a patient is eligible under the financial assistance policy before it engages in an ECA. To the extent a patient is determined to be eligible for financial assistance under the FAP, the hospital will take all reasonably available measures to reverse any ECA taken against the patient to obtain payment for the care.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- ST JOHN'S HOSPITAL Line 16a URL <a href="http://www.hshs.org/FAP">http //www hshs org/FAP</a> ,

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ST JOHN'S HOSPITAL Line 16b URL <a href="http://www.hshs.org/FAP">http //www hshs org/FAP</a> ,



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ST JOHN'S HOSPITAL Line 16c URL <a href="http://www.hshs.org/FAP">http //www hshs org/FAP</a> , FAP plain language summary website

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>As indicated in Part V, Section C, HSHS St John's Hospital conducted a Community Health Needs Assessment in FY2018 (July 1, 2017 through June 30, 2018) Throughout the three-year CHNA cycle, the hospital continuously reviews updated local and state data, Illinois Comp Data, patient surveys and feedback, program pre/post surveys and local needs assessments conducted by community groups Additionally, the hospital received input from public health officials, community groups including the Ministerial Alliance, and community boards on an ongoing basis The information received and reviewed is used to inform ongoing strategic initiatives developed to meet CHNA health priorities, as well as new areas of need that are going unmet When appropriate the hospital will develop or enhance services, community programs, or strategies to meet newly identified needs For example, in FY2015 the hospital did not prioritize the following needs identified through the CHNA process child abuse, dental care, diabetes, however, as data pointed to the increase in need surrounding these areas the hospital developed strategies to meet those needs See below for examples</p> <p>1 Child abuse In FY2018, St John's, Prevent Child Abuse, and the Department of Children and Family Services partnered to promote awareness and education opportunities during April Child Abuse Prevention month Additionally, three screenings of the film Resilience were held to bring awareness to the impact of child abuse and adversity on children and adults</p> <p>2 Dental care While this was not originally selected, opportunity presented for HSHS St John's Hospital to partner with Central Counties Health Center, a federally qualified health center, to host a dental clinic in the hospital St John's provides the space and overhead costs free of charge, and CCHC provides the dentist, supplies and equipment</p> <p>3 Diabetes In FY2017, St John's Hospital sent three individuals to the Stanford Training for the Diabetes Self-Management Program This is an evidenced based course that teaches individuals how to understand, control, and manage their diabetes</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>The Registration Department provides information to patients upon registration regarding the Financial Assistance Program available to them at HSHS St John's Hospital. Brochures are also supplied in waiting and ancillary areas for easy access by the patient. The brochures include contact numbers for the Business Office. Available on SJS website is information about how to read and understand the billing information on payment assistance, billing procedures and explanation of Medicare forms. <a href="https://www.st-johns.org/Patients-Guests/Patient-Financial-Services">https://www.st-johns.org/Patients-Guests/Patient-Financial-Services</a>. Signage indicating that Financial Assistance is available is located at hospital patient Access points. St John's Hospital's website also provides an in depth explanation on the financial assistance program. <a href="https://www.st-johns.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance.aspx">https://www.st-johns.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance.aspx</a>. The Financial Assistance Program brochure and application are available in English and Spanish. The organization has a representative on site to assist patients who may be eligible for Medicaid assistance through the Illinois Department of Public Assistance. They work with patients to determine if they may be eligible, and if so, assist in pulling together the necessary application for submission. One-on-one conversations to educate patients about financial assistance often stem from patients receiving a statement or a pre-collection letter. At that point, the customer service representative or cashier, or other qualified staff, will inform/educate the caller about financial assistance options. The first pre-collection letter reminds the patient their account is in delinquent status. It also informs them they may be eligible for financial assistance through the organization's charity care program. The letter provides direct contact information to begin the application process for charity care and lists the Internet address where the policy can be obtained. A system called Pay Now is now being utilized after failed attempts made by the hospital and our law firm to work out payment arrangements. That system accesses credit and other information and allows us to see the probability of a patient being able to pay their bill. After assessing that information, the hospital determines whether to grant financial assistance or continue collection efforts.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>HSBS St John's Hospital is in the center of Springfield, Illinois and serves not only Sangamon County but also the surrounding counties (Cass, Christian, Greene, Logan, Macoupin, Menard, Montgomery, Morgan and Scott). The total primary and secondary service area of the hospital has a population of 425,189 people, 196,452 people from Sangamon County and 228,373 people from the surrounding counties. Additionally, St John's provides tertiary care to residents of Bond, Brown, Clay, Coles, De Witt, Effingham, Fayette, Greene, Marion, Mason, Moultrie, Piatt, Pike, Schuyler and Shelby counties. Aside from the city of Springfield, the economy of St John's service area is primarily rural and is supported by small businesses, industries, mining and agriculture. Springfield, on the other hand, is an urban area supported by large businesses, such as the Illinois state government and other industries. Based on 2017 population estimates derived from the 2010 census, Sangamon County's population of 196,452 people is comprised of 82.4 percent Caucasians, 12.9 percent African Americans, 0.5 percent American Indians/Alaska Natives, 2.0 percent Asians and 2.3 percent Hispanic or Latino. 92 percent of Sangamon County's residents over 25 have a high school diploma or higher. The current (as of July 2018) unemployment rate of Sangamon County is 4.1 percent, according to the US Bureau of Labor Statistics, and the median household income is \$56,742. St John's secondary service area is comprised of 228,373 people, of whom 88.72 percent are Caucasian, 7.38 percent are African-American, 0.22 percent are American Indian/Alaska Native, 1.08 percent are Asian, 0.02 percent are Native Hawaiian/Other Pacific Islander, 0.85 percent state another race and 1.75 percent state two or more races. Educational levels of this population reflect that 35.44 percent graduated high school, 8.17 percent graduated with an associate's degree, 14.84 percent graduated with a bachelor's degree, 5.76 percent graduated with a master's degree and 2.42 percent graduated with either a professional school degree or a doctorate degree. The average unemployment rate of the combined counties is 6.74 percent and the median household income is \$47,525. Within St John's Hospital's service area 17.12 percent of the population is living below the Federal Poverty Level (FPL). This is higher than the statewide poverty level of 15 percent. This indicator is relevant because poverty creates barriers to access including health services, nutritional food and other necessities that contribute to poor health status. St John's Hospital, employs more than 2,300 people, is a regional medical center and the flagship hospital of Hospital Sisters Health System. Dedicated to providing exceptional care to the whole patient, St John's offers services spanning from primary care to complex tertiary care, including a Level I Trauma Center, a Birth Center, a Cancer Institute, a Children's Hospital, a Neurosciences Institute, a Pain Management Center, Prairie Heart Institute, a Regional Wound Care Center, a Sleep Center and many others. St John's Hospital service area is comprised of approximately 868.90 (2010) square miles with a population of approximately 200,258 (2014) and a population density of 227.40 (2010) per square mile. The service area consists of 4-cities, 26-townships, 23-villages and 22-unincorporated communities. The hospital does not exclude Medically Underserved Areas (MUAs), low income or minority populations from its service area.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>As a healing ministry of the Catholic Church and an affiliate of Hospital Sisters Health System, HSHS St John's Hospital is committed to delivering high quality, compassionate, and cost-effective health care services to all. Founded in 1875, the hospital brings a healing presence and improves the health of our community, especially those persons who are sick, poor, and disadvantaged. Because of the hospital's mission and heritage, the hospital is dedicated to promoting the health of Springfield and surrounding areas. The hospital is governed by a Board of Directors, most of whom reside in the hospital's primary service area and who are neither employees nor independent contractors of the hospital (nor family members thereof). The Board ensures that St John's Hospital is responding to community need. In FY2018, for example, the Board reviewed the Community Health Needs Assessment and approved an Implementation Plan for addressing selected health focus areas. The hospital also has a Patient and Family Advisory Council, Foundation Board, Caregiver Interfaith Volunteer Services Committee, and Samaritan Volunteers that help the hospital connect with the community. Consistent with its exempt purpose, St John's Hospital has an open medical staff with privileges available to all qualified physicians in the area. The hospital also operates an emergency department that is open 24 hours to all persons regardless of their ability to pay. As a not-for-profit hospital, St John's Hospital reinvests surplus funds to support the mission of the organization and promote the health of the community rather than distributing surplus funds as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, improve patient care, and support initiatives designed to promote health and ensure access for all, provide medical education and conduct medical research. For example, St John's Hospital provided \$436,500 for financial counselors to assist patients and community members in accessing charity care, signing up for Medicare / Medicaid, and enrolling through the Marketplace. Additionally, St John's provided \$129,206 to support community health worker programs to meet high risk, underserved patients and community members in their home. St John's provided \$190,709 for medical research and \$13,676,543 for medical education. In FY2018, St John's made an \$8 million investment in facilities upgrades to improve technologies and patient care. These projects included a new Siemens 3T MRI, Stryker's Robotic-Arm Assisted System for total knee replacement, bronchoscopes, sleep lab cameras, da Vinci Xi Robot scopes, Advanced Telehealth ICU Care and patient bed mattresses. These investments will allow us to deliver exceptional and high-quality care with state of the art equipment and advanced technologies. St John's also made substantial investments to upgrade hospital floors including a \$2 million remodel of more than 20 pediatric rooms, refreshing the ICU waiting room, remodeling the 11th floor, beautifying the cath lab waiting room and installing new flooring in the wound care center. In FY2018, St John's largest investment was the implementation of the new EPIC electronic health record. A brand-new cardiac ICU (C VICU) opened in July 2018 to replace the cardiac ICUs that separated surgical and non-surgical heart patients within the hospital. The new CIVICU helps facilitate collaboration between heart surgeons, cardiologists, ICU physicians, specialists and support staff while incorporating technology that will help the hospital better engage patients and their families. It is the most recent step in our continued commitment to providing the best heart care in the central and southern Illinois regions. St John's opened its newly renovated cancer center in August 2018. The new center includes an infusion center, medical oncology physician clinics and radiation oncology, as well as lab services, all inside the St John's Pavilion. Patients can now be seen by their oncologist and radiation oncologist, have lab work completed and receive chemotherapy treatments and any transfusions deemed necessary by their oncologist all under one roof. St John's Hospital collaborated with SIU Medicine and HSHS Med Group to build a new Women and Children's Center to be opened in December 2018. The clinic will be the new home for St John's pediatric rehabilitation services, SIU pediatric and subspecialty clinics, SIU OB/GYN clinics, the SIU maternal-fetal medicine clinic and HSHS Medical Group pediatric surgical services. In addition, the facility will offer St John's outpatient services, including diagnostic imaging, mammography, laboratory, pediatric cardiopulmonary and a cafe with a variety of food and beverage offerings. A full-service pharmacy is also planned on the first floor of the center. St John's Hospital also devotes significant resources to access for p</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>atients who cannot afford care, along with other Community Benefits In FY2018, St Johns' Hospital provided \$42,727,511 in Community Benefit, including financial assistance at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health Additionally, in FY2018, St John's provided \$1.8 million (at cost) in uncompensated care to patients who did not qualify for charity care or public assistance and more than \$19.6 million (at cost) in excess of Medicare payment for health care services St John's Hospital provides a range of Community Benefit initiatives and programs that further our mission and long-standing commitment to our community In many cases, these Community Benefits would not exist without the leadership role played by St John's Hospital and they often relieve a burden that would otherwise be carried by government</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>HEADQUARTERED IN SPRINGFIELD, ILLINOIS, HOSPITAL SISTERS HEALTH SYSTEM (HSHS) IS A HIGHLY INTEGRATED, MULTI-INSTITUTIONAL HEALTH CARE SYSTEM COMPRISED OF 15 HOSPITALS AND MORE THAN 200 PHYSICIAN PRACTICE SITES IN ILLINOIS AND WISCONSIN. HSHS IS SPONSORED BY HOSPITAL SISTERS MINISTRIES (HSM), WHICH IS A PUBLIC JURIDIC PERSON OF THE ROMAN CATHOLIC CHURCH. HSHS CONTINUES THE HEALTH CARE MINISTRIES BEGUN BY ITS FOUNDERS, THE HOSPITAL SISTERS OF ST. FRANCIS, MORE THAN 140 YEARS AGO, IN RURAL AND MIDSIZED COMMUNITIES THROUGHOUT ILLINOIS AND WISCONSIN. HSHS PROVIDES COMPASSIONATE, HOLISTIC, HIGH QUALITY, AND COST-EFFECTIVE HEALTH CARE THROUGH ITS ACUTE CARE HOSPITALS, PHYSICIAN PRACTICES, HOME HEALTH PROGRAMS, PALLIATIVE AND HOSPICE PROGRAMS, AND COMMUNITY OUTREACH SERVICES. IN ADDITION, HSHS AFFILIATED HOSPITALS INCLUDE CRITICAL ACCESS FACILITIES THAT OFFER ESSENTIAL HEALTH SERVICES THAT OTHERWISE WOULD NOT BE AVAILABLE IN MANY COMMUNITIES. OUR MISSION CALLS US TO REVEAL AND EMBODY CHRIST'S HEALING LOVE FOR ALL PEOPLE, AND WE EXTEND OUR HIGH QUALITY FRANCISCAN HEALTH CARE MINISTRY BEYOND THE WALLS OF OUR HOSPITALS BY PROVIDING COMMUNITY HEALTH IMPROVEMENT SERVICES WITH SPECIAL EMPHASIS ON THE POOR AND VULNERABLE. IN ADDITION TO PROVIDING COMMUNITY HEALTH IMPROVEMENT SERVICES TO THE BROADER COMMUNITY, HSHS CARES FOR EVERYONE WHO COMES TO ITS FACILITIES, REGARDLESS OF THEIR ABILITY TO PAY. IN TANDEM WITH A VARIETY OF CROSS SECTOR COMMUNITY PARTNERS, HSHS'S COMMUNITY BENEFIT INITIATIVES ARE STRATEGICALLY PLANNED AND PROFESSIONALLY IMPLEMENTED TO IMPROVE ACCESS TO HEALTH CARE SERVICES, ENHANCE THE HEALTH OF THE COMMUNITY, ADVANCE MEDICAL OR GENERAL HEALTH CARE KNOWLEDGE, AND RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. IN FY2018, HSHS COLLECTIVELY PROVIDED \$198.4 MILLION IN COMMUNITY BENEFIT (9.1% OF TOTAL HOSPITAL EXPENSES). THIS AMOUNT INCLUDED \$25.7 MILLION PROVIDED FOR FINANCIAL ASSISTANCE (AKA CHARITY CARE) AND \$133.7 MILLION FOR UNREIMBURSED CARE PROVIDED AS PART OF THE MEDICAID PROGRAM. IN ADDITION, HSHS HOSPITALS COMMITTED SIGNIFICANT RESOURCES TO TREAT MEDICARE PATIENTS. THE COST OF PROVIDING SERVICES TO PRIMARILY ELDERLY BENEFICIARIES OF THE MEDICARE PROGRAM - IN EXCESS OF GOVERNMENTAL AND MANAGED CARE CONTRACT PAYMENTS - WAS \$221.5 MILLION. HSHS HOSPITALS ALSO RECORDED \$45.9 MILLION IN UNCOLLECTIBLE ACCOUNTS. WHILE HSHS DOES NOT COUNT THE LATTER TWO AMOUNTS AS COMMUNITY BENEFIT, THEY NONETHELESS REFLECT OUR COMMITMENT TO SERVING ALL PERSONS IN NEED OF CARE. IN ADDITION TO THE DOLLARS INVESTED IN OUR COMMUNITY BENEFIT PROGRAMS, HSHS CONTINUES TO REINVEST ANY SURPLUS REVENUE FROM OPERATIONS AND INVESTMENTS INTO NEW MEDICAL TECHNOLOGY, FACILITY INFRASTRUCTURE AND HEALTH CARE SERVICES IN OUR COMMUNITIES. BY DOING SO, WE ENSURE OUR ABILITY TO MEET THE ONGOING DEMAND FOR HIGH QUALITY, EFFICIENT AND EASILY ACCESSIBLE HEALTH CARE.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL



**Schedule H (Form 990) 2017**

**Additional Data**

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 37-0661238  
**Name:** St John's Hospital of the Hospital Sisters of the Third Order of St Francis

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ST JOHN'S HOSPITAL 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 <a href="https://www.st-johns.org/">https://www.st-johns.org/</a> 1927332	X	X	X	X			X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	Yes, the significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA process

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - HSHS St John's Hospital  HSHS St John's Hospital is committed to addressi ng community health needs in collaboration with local organizations and other area health care institutions  In response to the FY2015 CHNA, the hospital planned, implemented and e valuated strategies to address the top four identified community health needs  pediatric a sthma, mental health, childhood obesity and access to care  The FY2018 CHNA built on that collaboration, and actively sought input from a cross section of community stakeholders wi th the goal of reaching consensus on priorities to mutually focus human, material and fina ncial resources  The external advisory committee was used as the primary stakeholder group to review and force rank data  During three meetings, community stakeholders were asked t o review data presented and provide additional sources for priority areas not listed  The external advisory committee also helped develop the community survey tool and outcomes and recommendations on the final priorities  The external advisory committee also helped iden tify community assets and gaps which were weighed when considering the magnitude and feasi bility of the priority areas  Lastly, their feedback was instrumental in developing the im plementation plan  Members of the CHNA external advisory council were chosen based on thei r unique expertise and experience, informed perspectives and community involvement  The CH NA external Advisory Council members were responsible for  offering insight into issues af fecting existing data, identifying local community assets and gaps and offering advice on which issues are the highest priority  The University of Illinois Office of Survey Researc h (UIS SRO) circulated an electronic survey on behalf of the core group in January 2018  I n total 1,079 individuals completed the survey  UIS SRO analyzed and provided the results to the external and internal advisory teams  The results were used to guide further discus sion around final priority selection  Focus groups were conducted around the final priorit y areas selected and helped determine the implementation plan adopted by the board of dire ctors  More information about the focus groups can be found in the implementation plan doc ument  HSHS and St John's Hospital are committed to promoting and defending human dignity , caring for persons living in poverty and other vulnerable persons, promoting the common good and stewarding resources  We believe the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve  To ensure the needs of these groups were adequately represented, we included representatives from such organizations as noted below  These organizations serve the under-resourced in our community, including low-incom e seniors, children living in poverty and families who struggle with shelter and food  Rep resentatives of these organizations have extensive knowledge and quantifiable data regardi ng the needs of their service

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>populations. Actively including these organizations in the CHNA process was critical to ensure that needs of the most vulnerable persons in our communities were addressed in the CHNA. -Gail O'Neil and Jim Stone. Sangamon County Department of Public Health (core group)* -Kimberly Luz and Megan Williams. HSHS St. John's Hospital (core group)* -Paula Gramley, Mike Curtis, Kevin England. Memorial Medical Center (core group)* -John Kelker and Katrina Hayes. United Way of Central Illinois* -Mr. Murphy. Springfield Urban League* -Jason Wind. Springfield School District 186* -Deputy Chief Kenneth Scarlette. Springfield Police Department* -Dr. Wendy El Amin. SIU School of Medicine* -Dr. Janet Albers. SIU Center for Family Medicine, federally qualified health center (FQHC)* -Steve Roach. Catholic Charities* -Heather Burton. Central Counties Health Centers, FQHC* -Chris Hembrough. Greater Springfield Chamber of Commerce -Michael Phelon. Lincoln Land Community College Open Doors Mentorship Program* -Jan Gambach. Memorial Behavioral Health* -Sharmin Doering. Sangamon County Department of Community Resources* *Organizations that serve medically underserved, low-income and minority populations</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - HSHS St John's Hospital Yes, the hospital conducted the FY2018 CHNA with Memorial Medical Center (MMC) in Springfield, Illinois

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - HSHS St John's Hospital Yes, the hospital conducted the FY2018 CHNA with the Sangamon County Department of Public Health, United Way of Central Illinois, Springfield Urban League, Springfield School District 186, Springfield Police Department, SIU School of Medicine, SIU Center for Family Medicine (FQHC), Catholic Charities, Central Counties Health Centers (FQHC), Springfield Chamber of Commerce, Lincoln Land Community College Open Doors Mentorship Program, Memorial Behavioral Health, and the Sangamon County Department of Community Resources

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - HSHS St John's Hospital The hospital presented the FY2018 CHNA findings at a press event , three neighborhood association meetings, and one community meetings



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - HSHS St John's Hospital The organization's most recently conducted CHNA was completed for the fiscal year ended 6/30/18 The related implementation strategy that was adopted is for the period July 1, 2018 through June 30, 2021 The information below pertains to the 3rd year cycle of the implementation strategy from the CHNA conducted in the fiscal year 2015 Outcomes of the FY2015 CHNA Process ACCESS TO CARE I Enos Park Access to Care Collaborative St John's Hospital partnered with Memorial Medical Center and Southern Illinois University's Center for Family Medicine, a federally qualified health center , to develop a community health worker program to increase access to health care and coordination of care for residents of Enos Park Neighborhood Data collected in the FY2015 CHNA indicated a high incidence of unmanaged chronic conditions such as hypertension, diabetes , pediatric asthma and mental illness Data also pointed to a higher incidence of social determinants impacting health including single parent households, unsafe housing, violence and crime, poverty and lack of access to healthcare and healthcare coverage Outcomes At the end of year two* of the three-year access to care program, the program had 300 clients enrolled in the community health worker program Services rendered include basic needs and health care access Program outcomes measured an individual's increase in access to care in addition to their progression to self-sufficiency The following increases in standards of self-sufficiency were reported at the end of year two employment by 69%, income by 52%, access to nutritive food by 31% and safe housing by 74% Summer engagement camps provided mentorship and skills training to 89 youth aged 9-14 In moving this initiative to sustainability, a new clinic model at a local federally qualified health center was developed that established a strong multi-disciplinary team approach to addressing determinants and inequities in the care of the most vulnerable The clinic has a 90% show rate and a high level of billing by both the primary care provider and mental health specialists The clinic grew from twice per month to six times per month due to the demand and reception of the clinic model by clients In FY2019, the community health worker model is being expanded to at least one neighborhood in Springfield where current data and focus groups have suggested the need is great *Data for year three will not be available until November 2018 Updates to the 2018 CHNA Outcomes Appendix will be made at that time II Beyond the NICU The early life experiences of a child have tremendous effects on their physical and mental development Unfortunately, children living in poverty are more likely to have parents without a high school education and less likely to be raised in a nurturing or educationally stimulating environment prior to entering kindergarten Preterm birth disproportionately affects socially disadvantaged populations</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>egnant women As a result, prematurity is an added challenge for many infants in poverty w hich puts them at additional risk for poor growth and development Outcomes In FY18, St John’s launched the Beyond the NICU program to provide in-home follow-up and care to babie s born 32 weeks The program uses trained home health nurses to give vulnerable parents of premature children support in providing for their at-risk babies The program also assess es and works to improve maternal mental health, infant neurodevelopment and infant musculo skeletal development Since inception, 54 babies have been enrolled in the program Servic es run 18-months, and program outcomes and measurements will be available in December 2018 To date, 70% of program families come from ZIP codes in Sangamon and Macon counties rank ing high on the socio-needs index, and 64% of families live below the poverty level Twent y percent of the babies require weekly weight checks which are done in the home, 40% of th e families need diaper assistance, 15% of mothers in the program have been diagnosed with postpartum depression and are being monitored closely and contacted daily In 13% of the h omes nurses assessed the infants did not have safe sleeping arrangements Through interven tions and supply assistance that has been changed Acting as a first responder, our home h ealth nurses intervened in high-risk situations resulting in three DCFS cases being opened MENTAL HEALTH I School-Based Behavioral Health Specialist Increase access to mental h ealth screening, intervention and educational services through provision of a behavioral h ealth specialist at McClernand Elementary School 96% of students who attend McClernand El ementary School qualify for the free lunch program, and 30% of students are considered hom eless The behavioral health specialist also worked closely with community health workers to address behavioral health needs in individuals and families in Enos Park neighborhood Outcomes Increased access to mental health screening, intervention and educational servic es for high risk, underserved elementary school students and their caregivers In school y ears 2015-2016, 2016-2017 and 2017-2018, all students enrolled at McClernand Elementary Sc hool were offered a social/emotional screening For the three-year reporting period, 1,573 screenings were completed (students were screened at the beginning of each semester) Of those screenings, 89 students were highly elevated, and 190 students were elevated 99 stu dents received behavioral health intervention II Trauma Informed Care Education and Trai ning Increased general medical knowledge for health, social and behavioral health colleag ues to better inform them of their patient/client's current conditions and reactions Incr eased general medical knowledge about Adverse Childhood Experiences (ACEs) and the Social Determinants of Health (SDH) and their impact on health outcomes Outcomes Beginning in F Y2017, Trauma Informed Care (T</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>IC) training was introduced to health, social and behavioral services colleagues. Since then, HSHS St John's Hospital has provided training to 290 individuals - 153 in FY2017 and 137 in FY2018. The trainings taught professionals how to use a person's history to better inform them of the patient/client's current condition and reactions. PEDIATRIC ASTHMA Asthma Home Assessments. Create an asthma home assessment program for an eastside neighborhood, which includes subsidized housing units. According to heat maps created using St John's ED data, there are a high number of super utilizers using the ED for unmanaged chronic conditions between the ages of 0 - 5 years old in Brandon Court and surrounding neighborhoods. St John's partnered with SIU School of Medicine and Springfield Community Federation to create an asthma home assessment program to identify particles within the home triggering asthma attacks and/or breathing difficulties, and to develop a three-month trigger mitigation plan. Outcomes: 25 households including 30 children were enrolled in the study which provided each family with a home assessment, trigger reduction plan and weekly home visits for three months. Smoking cessation resources were provided when the assessments identified 88% of households had an adult smoker. As a result, 64% of adult smokers agreed to smoke outside and remove their outer jacket / wrap before entering the house. 100% of households received mattress and pillow covers in rooms where children slept. Additionally, all households received cleaning kits and instructions. In the post-survey, 47% of households reported they no longer mix ammonia and bleach while cleaning. The program connected two families living in substandard conditions with Land of Lincoln Legal Assistance to address non-compliant landlords. The program addressed enforcement of pest control and regular air filter changes with the housing authority in appropriate housing units. One key finding of the initiative was that asthma may be significantly under-diagnosed in low-income populations. In many cases, once the families graduated the three-month program they reported cleaner environments and the post-assessments reported better air quality in the home. The study concluded that addressing asthma triggers alone will not prevent unnecessary emergency department visits or reduce missed school days. When our community health workers worked with families to address access to care issues, specifically healthcare coverage and medical home enrollment, improvements in quality of life and client health increased. Following the study conclusion, the asthma home assessment initiative partnered with the local federal qualified health center to support a community health worker program for Springfield's eastside. This program works with families and individuals to address social determinants of health including healthcare access and provides referrals to wraparound services.</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - HSHS St John's Hospital OVERWEIGHT AND OBESITY I Childhood Obesity Expan d Gotta Dance initiatives to increase the number of physical activity minutes for children in school and at home as well as to develop life skills to improve a child's overall mental and emotional function Life skills programs seek to build capacity of individuals to positively impact their lives and the lives of those around them through the actions they t ake Developing life skills in childhood decreases the likelihood of risky behavior and in creases the child's capability to grow into a healthy, independent adult Developing these skills builds resilience and strengthens emotional, mental, social and physical health O utcomes A school component called, Gotta Dance and Move More, was created to get dance as physical activity in the schools This program was combined with an existing program - Ju mp Start - to add at least 12 minutes of non-PE physical activity time to every child's sc hool day Teachers were provided with 'brain breaks' which are 30 to 90 second physical ac tivities to do with children throughout the school day in to a twelve-minute activity done at the beginning of the school day Additionally, classes were added to the free weekly d ance program, Gotta Dance The addition of classes provided opportunity to increase capaci ty and serve 200 kids annually In the last three years, we have held a combined 21-weekly dance classes for 527 children in first through eighth grades Through pre- and post-test reporting, students and parents reported a 75% increase in the child's self-confidence, 3 3% increase in self-esteem, 68% of participants reported exercising more frequently at hom e While this program is not geared toward weight loss, the increase in consistent physica l activity led to healthy weight loss in 25% or program participants, and 62% of participa nts reported making healthier food choices Other positive outcomes included teacher-repo rted improved behavior in the classroom, decreased incidences of bullying in one school, p ositive leadership development in middle-school children and improved focus during class t ime Needs identified in the FY2015 CHNA that are not being addressed In some cases, the focus area is currently being addressed by another organization in the community or there is another organization within the community better equipped to address the need While th e list below was not a primary focus for St John's, the hospital participated in efforts with other organizations as appropriate 1 Child abuse In FY2018, St John's, Prevent Ch ild Abuse, and the Department of Children and Family Services partnered to promote awarene ss and education opportunities during April Child Abuse Prevention month Additionally, t hree screenings of the film Resilience were held to bring awareness to the impact of child abuse and adversity on children and adults a In 2014 the Illinois Department of Childre n and Family Services entered

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>a year-long contract with the Mental Health Centers of Central Illinois to revamp the state's child protection training b The goal of this partnership is to provide experiential training through simulated real-life situations to better train child welfare workers with the necessary skills to protect children 2 Dental care While this was not originally selected, opportunity presented for HSHS St John's Hospital to partner with Central Counties Health Center, a federally qualified health center, to host a dental clinic in the hospital St John's provides the space and overhead costs free of charge, and CCHC provides the dentist, supplies and equipment a Dental care was not identified through the existing data sets, however, it was an issue brought to our attention by our advisory council and during the community forums b During our assets and gaps process it was noted the Federally Qualified Health Centers are preparing to expand their dental services Additionally, there are new services such as Familia Dental which provide affordable dental care 3 Diabetes In FY2017, St John's Hospital sent three individuals to the Stanford Training for the Diabetes Self-Management Program This is an evidenced based course that teaches individuals how to understand, control, and manage their diabetes a St John's Hospital has representation on the Prairie Diabetes Alliance (PDA) which is run through the Central Illinois American Diabetes Association Through our ongoing work with PDA and our initiatives around a FY12 identified needs metabolic syndrome We will continue our efforts around diabetes prevention and management 4 Food insecurity a St John's Hospital continues to sponsor, organize and run the Eastside Farmers Market which began as a result of the FY12 CHNA b St John's Hospital also works closely with other organizations in the community who are actively addressing food security issues genHkids Coalition, Illinois Stewardship Alliance, Downtown Springfield, Inc , to name a few 5 Heart disease a Prairie Heart Institute at St John's Hospital is committed to ongoing community education and outreach around heart disease b The American Heart Association has a very active chapter in Sangamon County</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - St John's Hospital Presumptive eligibility provides individuals participating in one of the following categories with a 100% write off These programs are granted by outside organizations based on screening criteria of less than 200% of the FPG 1 Homelessness 2 Deceased with no estate 3 Mental incapacitation with no one to act on patient's behalf 4 Medicaid eligibility, but not on date of service or for non-covered services 5 Incarceration in a penal institution 6 Enrollment in the following assistance programs for low-income individuals 6a Temporary Assistance for Needy Families (TANF) 6b Illinois Housing Development Authority's Rental Housing Support Program 7 Wisconsin Department of Health Services Housing Assistance Program 8 Participation in Women, Infants and Children programs (WIC), 9 Supplemental Nutrition Assistance Program (SNAP) eligibility, 10 Illinois Free Lunch and Breakfast Program, 11 Wisconsin Free Lunch Program, 12 Low Income Home Energy Assistance Program (LIHEAP), 13 Wisconsin Home Energy Assistance Program (WHEAP), 14 Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria, 15 Receipt of grant assistance for medical services

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public  
Inspection

Employer identification number  
37-0661238

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FEDERAL WORK STUDY GRANT	8	8,869			
(2) FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT	20	9,212			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	ST JOHN'S HOSPITAL PARTICIPATES IN VARIOUS FEDERAL LOAN AND GRANT PROGRAMS THESE PROGRAMS ARE ADMINISTERED IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE U S DEPARTMENT OF EDUCATION, AND THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES THESE PROGRAMS ARE AUDITED ANNUALLY IN ACCORDANCE WITH OMB CIRCULAR A-133 "AUDITS OF INSTITUTIONS OF HIGHER EDUCATION AND OTHER NONPROFIT INSTITUTIONS"



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number

37-0661238

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**Yes No**

<b>1b</b>	Yes	
<b>2</b>	Yes	

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

<b>5a</b>		No
<b>5b</b>		No

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

<b>6a</b>		No
<b>6b</b>		No

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

<b>7</b>		No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

<b>8</b>		No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<b>9</b>		

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

[illegible]

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	TAX GROSS-UPS WERE TO TO CHRISTOPHER CAMPBELL FOR \$30, TO PATRICIA FISCHER FOR \$22,598, AND TO RICKY TOLSON FOR \$8,627 DURING THE YEAR. THE FAIR VALUE OF THESE WERE INCLUDED IN THEIR ANNUAL REPORTED INCOME.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A IN SCHEDULE O.
Schedule J, Part I, Line 4a Severance or change-of-control payment	Organization St John's Hospital EIN 37-0661238 Interested Person Rebecca Puclik Amount \$184,950 Terms Compensation paid as a result of a severance from the position of division director of human resources. Organization St John's Hospital EIN 37-0661238 Interested Person David Olejniczak Amount \$212,635 Terms Compensation paid as a result of a severance from the position of COO.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	HSHS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS. THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSHS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSHS COMPENSATION COMMITTEE. THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN DOCUMENTS FOR THE PLAN YEAR. PARTICIPANTS CONSTRUCTIVELY RECEIVE A DISTRIBUTION FROM THE PLAN NO LATER THAN MARCH 15TH OF THE CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH AN AMOUNT IS VESTED AND TAXABLE PURSUANT TO A VESTING SCHEDULE AS SPECIFIED IN THE PLAN DOCUMENT. THE ACTUAL DISTRIBUTION OF THE VESTED BENEFIT UNDER THE PLAN IS PAID IN A SINGLE LUMP SUM TO THE PARTICIPANT OR THE PARTICIPANT'S BENEFICIARY UPON THE EARLIER OF THE PARTICIPANT'S TERMINATION OF EMPLOYMENT, DEATH, OR TOTAL AND PERMANENT DISABILITY. THE FOLLOWING INTERESTED PERSONS CONSTRUCTIVELY RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2017, THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). Ann Carr -- \$28,431 Evert Kuiper -- \$77,401. THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2017, THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE. Ann Carr -- \$31,564.

# Additional Data

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 37-0661238  
**Name:** St John's Hospital of the Hospital Sisters of the Third Order of St Francis

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> CHARLES LUCORE MD PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	488,576	0	61,459	110,198	31,161	691,394	0
<b>1</b> KENNETH JOHNSON MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	466,237	0	14,993	102,032	26,481	609,743	0
<b>2</b> DAVID OLEJNICZAK FORMER CHIEF OPERATING OFFICER	(i)	0	0	225,427	0	12,793	238,220	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> REBECCA PUCLIK FORMER DIVISION CHIEF PEOPLE OFFICER	(i)	32,768	0	247,167	0	7,622	287,557	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> EVERT J KUIPER CEO CENTRAL ILLINOIS DIV	(i)	0	0	0	0	0	0	0
	(ii)	619,118	0	37,632	112,452	28,561	797,763	0
<b>5</b> STEVEN UMLAND CHIEF FINANCIAL OFFICER - CENTRAL IL DIVISION	(i)	380,054	0	12,865	62,438	30,344	485,701	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> ANN M CARR TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	260,012	0	58,499	98,998	21,199	438,708	31,564
<b>7</b> PATRICIA FISCHER CHIEF OPERATING OFFICER	(i)	308,353	0	71,909	8,868	31,161	420,291	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> GURPREET MANDER CHIEF MEDICAL OFFICER	(i)	355,235	0	0	5,610	29,622	390,467	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> ALLISON PAUL CHIEF NURSING OFFICER	(i)	229,058	0	0	4,015	9,890	242,963	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> Ricky Tolson Division Cheif HR Officer	(i)	177,571	0	18,261	6,764	21,390	223,986	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> CHRISTOPHER CAMPBELL DIVISION DIRECTOR OF STRATEGY	(i)	194,892	0	37,994	19,849	11,059	263,794	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> AMY JONES EXECUTIVE DIRECTOR - NURSING ADMINISTRATION	(i)	202,213	6,110	0	82,293	18,273	308,889	0
	(ii)	0	0	0	0	0	0	0
<b>13</b> ELIZABETH KABRICK MANAGER OF PERFUSION	(i)	198,144	0	0	27,266	10,540	235,950	0
	(ii)	0	0	0	0	0	0	0
<b>14</b> Michelle Clatfelter Director of Legal Services	(i)	184,046	0	0	13,443	8,555	206,044	0
	(ii)	0	0	0	0	0	0	0
<b>15</b> Ann Derrick Director Home Health	(i)	179,235	3,827	0	20,619	12,526	216,207	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493128014429
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2017</b>
Department of the Treasury <del>Internal Revenue Service</del>			<b>Open to Public Inspection</b>
Name of the organization St John's Hospital of the Hospital Sisters of the Third Order of St Francis		Employer identification number  37-0661238	

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE REVENUE - CARDIOVASCULAR	<p>             HSHS St John's Hospital has one of the largest heart programs in Illinois. We have developed a reputation as one of the premier cardiovascular programs in the country, but it's our dedication to providing compassionate care to patients and their families that makes us unique. In 2018, HSHS St John's has continued to build their structured heart program. 150 plus TAVRs have been completed this year. In addition, St John's cardiac programs have received the following Awards, Designations and Accomplishments: -HSHS St John's received ACE accreditation -HSHS St John's earned the platinum award from the National Cardiovascular Data Registry for the MI Action Registry -HSHS St John's was the first hospital in Illinois to receive the Accreditation for Cardiovascular Excellence for its cardiac catheterization lab and was reaccredited this year -HSHS St John's earned Gold Plus recognition from the American Heart Association's "Get With the Guidelines" program for its care of heart failure patients. Other innovations that continue to be utilized by HSHS St John's Hospital's cardiovascular services include: -WATCHMEN Procedure - Used to replace blood thinners for patients with atrial fibrillation -TAVR devices - Smaller, more easily delivered cardiac valves implanted without the need for open heart surgery or the need for general anesthesia -WATCH_TAVR - Evaluate the safety and effectiveness of the left atrial appendage occlusion with WATCHMEN Device in prevention of stroke and bleeding in patients with atrial fibrillation undergoing TAVR -ASAP-TOO - Assessment of the WATCHMEN Device in Patients Unsuitable for Oral Anticoagulation - A pre-market clinical study of WATCHMEN Left Atrial Appendage Closure Device and WATCHMEN Access System -ACURATE IDE - Evaluate the safety and effectiveness of the ACURATE System for TAVR in symptomatic subjects who have severe aortic valve stenosis and who are at intermediate or greater risk for surgical valve replacement -REPRISE III - Fully repositionable TAVR Valve from Boston Scientific -MitraClip - minimally invasive repair of the mitral valve, leading implant center in Illinois -Prairie Cardiovascular cardiologists at St John's Hospital were the first to enroll patients into Lutonix's LEVANT 2. LEVANT 2 is a global, randomized trial to evaluate the safety and efficacy of the Moxy Drug Coated Balloon compared to a standard angioplasty balloon for the treatment of peripheral arterial disease -CREST 2 - Randomized trial comparing carotid surgery to carotid stenting. CREST 2 Registry (C2R) - Designed to be a companion to accompany the CREST-2 trial, the registry will promote rapid initiation and completion of enrollment in the CREST-2 trial, ensure that CAS is performed by adequately experienced operators within CREST-2 and C2R, closely monitor clinical outcomes of C2R patients, and prevent inappropriate use of CAS outside of C2R -ALLSTAR - The use of cardiac derived cells in hopes to regenerate and improve           </p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE REVENUE - CARDIOVASCULAR	<p>cardiac function after a heart attack -EVERA - Updated ICD technology allowing patients to safely undergo MRI scan</p> <p>-SOLVE CRT - Stimulation of the Left Ventricular Endocardium for Cardiac Resynchronization Therapy in Non-Responders and Previously Untreatable Patients (WiSE CRT System) -Micra - Smallest pacemaker available that requires no leads or generator external to the heart -DETOUR II - Assessing the safety and effectiveness of the PQ Bypass System for Femoropopliteal Bypass without the need for surgery</p> <p>In addition to the list of Catheterization, Surgical and Non-invasive procedures below, HSHS St. John's offers a Cardiac Rehabilitation program, and other stress-reduction services through the HSHS St. John's Center for Living.</p> <p>Catheterization Laboratory Procedures -Abdominal aortic aneurysm graphs</p> <p>-Ablation of complex arrhythmias -Angioplasty with stenting -Atrial Fibrillation Ablations -Balloon angioplasty -Cardiomems</p> <p>-Carotid stents -Defibrillator implantation -Diagnostic cardiac catheterization -Drug-eluting balloons -Drug-eluting stents</p> <p>-Electrophysiologic evaluation of complex arrhythmias -Evaluation of cardiac valves -Evaluation of congenital heart disease -Intravascular Ultrasound and Optical Coherence Tomography -Neurological Interventions for intra-cranial aneurysms and acute stroke -Pacemaker implantation - Peripheral vascular stents -Renal stents</p> <p>Surgical Procedures</p> <p>-Beating heart bypass surgery -Coronary artery bypass graft surgery -General thoracic surgery -Heart valve replacement and repair -Laser pacemaker lead extraction -Minimally invasive atrial ablation surgery -Minimally invasive valve replacement repair surgery -Pacemaker and defibrillator implantation -Sutureless AVR -Vascular surgery (aortic, cerebrovascular, renal, and peripheral)</p> <p>Noninvasive Cardiovascular Diagnostic Procedures -A-V Optimization -Bio-Z</p> <p>-Cardiac CT angiography and functional testing as an alternative to stress testing -Cardiac and vascular ultrasound</p> <p>-Cardioversions -Doppler exams -Echocardiography including 3D -Electrocardiograms -Holter monitoring/Arrhythmia monitoring/Pacemaker checks -Nuclear and echo stress testing - Pediatric Cardiology Clinic -Preadmission testing (chest X-rays and blood tests) -Transesophageal echocardiography including 3D</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4b PROGRAM SERVICE REVENUE - INTERNAL MEDICINE	<p>In FY18, the majority of the Internal Medicine cases that were admitted to St. John's Hospital came through our Emergency Department (61%), while 32% came to our facility as direct admits from our Connect program. The Emergency Room is a Level 1 Trauma Center that services Central Illinois. The total visit volume is approximately 55,000 with a 17% admission rate. The Connect Program is a regional referral program that started in 2010. The program is a one-call system that focuses on physician alignment and clinical protocols. St. John's has a dedicated outreach representative that works with referring hospitals to address any issues and to improve the services. St. John's has three hospitalist groups servicing the patients: HSHS Medical Group (which has grown significantly over the past 5 - 6 years), Springfield Clinic, and Southern Illinois University (SIU). This program enables the hospitalist to manage the in-hospital care for patients and coordinates care with other consulting MD's, if needed. An effective hospitalist program can benefit hospitals by reducing length of stay, improving hospital efficiencies, and improving quality care. This program also enables primary care MD's to reduce time at the hospital and spend more time at their practice. HSHS Medical Group Hospitalists managed the highest percentage of Internal Medicine Inpatients in FY 18 with 48.49% of Internal Medicine Cases. The next largest was SIU Pediatric physicians with Internal Medicine specialty at 26.79% and Springfield Clinic at 20.30%.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4c PROGRAM SERVICE REVENUE - GENERAL SURGERY	<p>At HSHS St John's Hospital, our Main OR services Inpatients and Outpatients from throughout central Illinois and the surrounding communities. Surgeons from seven physician groups perform procedures at our facility, from several specialties, including Plastics, General Surgery, General Pediatric Surgery, Urology, Pediatric Urology, Gynecological Surgery, Gyne-Onc Surgery, ENT, Neurosurgery, Ophthalmological Surgery (Including Retinal), and Robotic Surgery. Major Plastics Procedures -Cleft Palate/Cleft Lip Repairs -Breast Reconstruction -Pediatric &amp; Adult Burn Care Major General Surgery Procedures -Laparoscopic Appendectomies -Laparoscopic &amp; Robotic Cholecystectomies -Trauma Services -Laparoscopic &amp; Robotic Hernia Repairs -Breast Lesion Excision &amp; Mastectomies Major General Pediatric Procedures/Services -The Main OR proudly services HSHS St John's Children's Hospital &amp; NICU - both are regional facilities -Appendectomies -Bowel Resections -Pyloromyotomies -Hernia Repairs Major Urology Procedures -Kidney/Bladder Stone Procedures, including ESWL, Percutaneous Nephrolithotomy, and a comprehensive laser program -Penile Prosthesis -TURP/TUR-BT -Robotic Nephrectomies, Nephroureterectomies, Adrenalectomies, Pyeloplasties &amp; Prostatectomies Major Pediatric Urology Procedures -Circumcision Revisions/Phimosis/Hidden Penis Repairs -Hernia Repairs -Orchepexies -Hypospadias Repairs Major Gynecological &amp; Gyne-Onc Procedures -Laparoscopic &amp; Robotic Hysterectomies/BSO -Comprehensive gyne-onc program - primarily performed Robotically -Women's Uro/GYN program, including Vaginal Slings, Bladder Stimulators, Robotic Colpopexy &amp; Colporrhaphies Major ENT Procedures -Endoscopic/Image Guided Sinus Surgeries -Pediatric Airway Procedures, including Tracheostomy Care, Bronchoscopies, Laryngoscopies, Balloon Dilations -ENT Cancer Surgery Major Neurosurgery Procedures -Comprehensive Deep Brain Stimulator Program -Spine Procedures -VP Shunt Placement &amp; Maintenance -Vagal Nerve Stimulator Placement &amp; Maintenance -Brain Biopsies and Craniotomy/Tumor Resections -Kyphoplasties -Trauma Services Major Ophthalmology Procedures -Comprehensive Retinal Program -Cataract Procedures -Oculoplastics Program, including Blepharoplasties, Brow Lifts &amp; Muscle Repair Procedures Robotic Services -Surgeons from General Surgery, Urology &amp; Gynecology perform robotic procedures. St John's own two Intuitive Surgical DaVinci Robots - an Si platform &amp; an Xi platform. Robotics makes up 11% of the business for those specialties.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 3 Significant changes in program services	HSHS St John's Hospital temporarily suspended the Geriatric Behavioral Health Unit towards the end of June 2018 for modernization opportunities Any geriatric behavioral health patients who present to the emergency department with other medical needs will be treated as usual within our hospital Patients who present with only behavioral health needs will be transferred to HSHS St Mary's Hospital in Decatur, the flagship for psychiatric care within the Central Illinois Division of HSHS Our sister hospital has an excellent behavioral health program that can fully serve patients in our region until our modernization assessment and plans are complete

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 104,834,866 including grants of \$ 18,081)(Revenue \$ 284,337,765) ST JOHN'S OTHER SPECIALIZED SERVICES INCLUDE CANCER CARE, WOMEN'S SERVICES, A NEUROSCIENCES INSTITUTE, HOME HEALTH, HOSPICE, AN EMERGENCY DEPARTMENT THAT NEARLY 54,000 PEOPLE PER YEAR SEEK CARE IN AND THE ST JOHN'S CHILDREN'S HOSPITAL OUR CHILDREN'S HOSPITAL IS THE ONLY COMPREHENSIVE CHILD HEALTH CARE FACILITY IN SOUTH-CENTRAL ILLINOIS AND PROVIDES VITAL HEALTH CARE FOR THE REGION'S CHILDREN, FROM INFANCY THROUGH AGE 18 RECOGNIZED BY THE CHILDREN'S HOSPITAL ASSOCIATION AND A MEMBER OF THE ASSOCIATION OF ILLINOIS CHILDREN'S HOSPITALS, ST JOHN'S CHILDREN'S HOSPITAL OFFERS A WIDE RANGE OF SERVICES FOR CHILDREN AND THEIR FAMILIES BOTH HERE AT OUR FACILITIES AND EXTENDING INTO THE HOME SERVICES INCLUDE - GENERAL PEDIATRIC BEDS, WITH PRIVATE BATH, SHOWER AND PARENTAL SLEEPING AREA - PEDIATRIC ICU - PEDIATRIC HEMATOLOGY/ONCOLOGY - LEVEL III NEONATAL ICU - PEDIATRIC EMERGENCY ROOM SERVICES - NEONATAL AND PEDIATRIC TRANSPORTATION - THE ONLY REGIONAL LEVEL III PERINATAL CARE CENTER IN THE AREA - CHILD AND FAMILY SUPPORT AND SERVICES THROUGH OUR CHILD LIFE SPECIALISTS AND SOCIAL AND SPIRITUAL SERVICES DEPARTMENTS - COMPREHENSIVE OUTPATIENT SERVICES SUCH AS HOME HEALTH, CHILDREN'S REHABILITATION CENTER AND EARLY INTERVENTION PROGRAM - A RONALD MCDONALD HOUSE ON SITE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IV, Line 24a TAX EXEMPT BONDS	ST JOHN'S HOSPITAL HOLDS A LIABILITY ON ITS BOOKS FOR TAX-EXEMPT BONDS, WHICH IS AN ALLOCATION FROM ITS SOLE CORPORATE MEMBER, HOSPITAL SISTERS SERVICES, INC AS A RESULT, THIS QUESTION WAS ANSWERED NO, AND SCHEDULE K WILL BE COMPLETED ON THE HOSPITAL SISTERS SERVICES, INC FORM 990

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 10 Endowment Funds	<p>The organization maintains temporarily and permanently restricted net assets on its balance sheet. Such funds are held by Hospital Sisters of St. Francis Foundation, Inc., a related tax-exempt organization. While these funds are held to further one or more exempt purposes of the filing organization, they are not maintained exclusively for the filing organization. The board of directors of Hospital Sisters of St. Francis Foundation, Inc. maintains ownership and ultimately authority and discretion over the use of these funds. Based on the above, the related amounts have not been reported as endowment funds on Part V of Schedule D.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 13 WHISTLEBLOWER POLICY	PROVISIONS WITHIN THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY PROVIDE PROTECTIONS FOR WHISTLEBLOWER TYPE ACTIVITIES

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 16b JOINT VENTURES	HOSPITAL SISTERS HEALTH SYSTEM ADOPTED A JOINT VENTURE COMPLIANCE PROGRAM POLICY EFFECTIVE ON JANUARY 1, 2012 FOR ALL SYSTEM HOSPITALS, INCLUDING ST JOHN'S HOSPITAL THE OVERALL PURPOSE OF THE POLICY IS TO PROVIDE PRACTICAL GUIDELINES FOR ETHICAL BUSINESS CONDUCT, TO ACHIEVE COMPLIANCE, AND TO DETECT AND PREVENT VIOLATIONS OF APPLICABLE LAWS THE POLICY REQUIRES SACRED HEART HOSPITAL, AND ALL HSHS HOSPITALS, TO EVALUATE THEIR PARTICIPATION IN JOINT VENTURE ARRANGEMENTS, INCLUDING UNDER APPLICABLE FEDERAL TAX LAWS, AND TO SAFEGUARD SACRED HEART HOSPITAL'S TAX EXEMPT STATUS WITH RESPECT TO ANY JOINT VENTURE ARRANGEMENTS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	PER ARTICLE 5 5 OF THE ORGANIZATION'S BY-LAWS, THE GOVERNING BODY DELEGATES BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL BE VESTED WITH AND MAY IN ITS DISCRETION EXERCISE THE FULL POWERS, DUTIES, RESPONSIBILITIES, AND AUTHORITY OF THE BOARD EXCEPT WHERE PROHIBITED BY LAW AND SUBJECT TO ANY LIMITATIONS IMPOSED BY THE BYLAWS OR THE BOARD OF DIRECTORS AS PROVIDED IN THE BY-LAWS, THE EXECUTIVE COMMITTEE SHALL CONSIST OF THREE TO SIX MEMBERS, INCLUDING THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON, THE PRESIDENT AND OTHER MEMBERS SELECTED FROM AMONG THE DIRECTORS BY THE BOARD



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SOLE CORPORATE MEMBER OF ST JOHN'S HOSPITAL (THE CORPORATION) IS HOSPITAL SISTERS SERVICES, INC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	PURSUANT TO SECTION 2 3 OF THE CORPORATION'S BYLAWS, THE ORGANIZATION'S MEMBER, HOSPITAL SISTERS SERVICES, INC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, HAS THE RIGHT TO APPOINT AND REMOVE THE CORPORATION'S BOARD OF DIRECTORS, CHAIRPERSON OF THE BOARD, AND PRESIDENT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>RESPONSIBILITY FOR THE POLICY AND OPERATIONS OF ST JOHN'S HOSPITAL (THE "CORPORATION") IS VESTED IN ITS BOARD OF DIRECTORS, EXCEPT WITH RESPECT TO SPECIFIC POWERS RESERVED IN THE CORPORATION'S BYLAWS TO THE CORPORATION'S MEMBER, HOSPITAL SISTERS SERVICES, INC. ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. THE MEMBER OF HSSI IS HOSPITAL SISTERS HEALTH SYSTEM ("HSHS"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE GOVERNANCE AND OPERATIONS OF THE CORPORATION ARE SUBJECT TO HSSI'S RIGHT TO EXERCISE THESE RESERVED POWERS WITH RESPECT TO THE CORPORATION AND ORGANIZATIONS OF WHICH THE CORPORATION IS EITHER, DIRECTLY OR INDIRECTLY, A CONTROLLING MEMBER OR A CONTROLLING SHAREHOLDER ("AFFILIATES"). HSSI'S RIGHT TO EXERCISE CERTAIN OF THESE RESERVED POWERS IS, IN TURN, SUBJECT TO THE APPROVAL OF HSHS AND HSHS' MEMBERS. THE RESERVED POWERS INCLUDE ALL RIGHTS GRANTED TO HSSI BY LAW AND THE RIGHT TO: (A) ADOPT, APPROVE AMENDMENTS TO, OR AMEND ANY STATEMENT OF PHILOSOPHY, MISSION, MISSION INTEGRATION OR VALUES, OR ANY NAME, LOGO, OR MARK OF THE CORPORATION OR OF ANY AFFILIATE, (B) ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION OR OF ANY AFFILIATE, (C) ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE BYLAWS OF THE CORPORATION OR OF ANY AFFILIATE, (D) APPOINT AND REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE OF THE DIRECTORS OF THE CORPORATION OR OF ANY AFFILIATE, AND THE PRESIDENT OF THE CORPORATION OR OF ANY AFFILIATE, (E) APPROVE THE RECOMMENDATION OF THE BOARD OF DIRECTORS TO APPOINT OR REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE DIRECTORS OF THE CORPORATION OR OF ANY AFFILIATE, AND PRESIDENT OF THE CORPORATION OR OF ANY AFFILIATE, (F) WITH RESPECT TO THE CORPORATION OR ANY AFFILIATE, APPROVE THE PURCHASE, SALE, ALIENATION, EXCHANGE, LEASE, OR ENCUMBRANCE OF ANY REAL PROPERTY OF THE CORPORATION OR OF ANY AFFILIATE, WHICH PROPERTY HAS A VALUE IN EXCESS OF LIMITS SET FROM TIME TO TIME BY THE MEMBER, (G) APPROVE DEBT INCURRED BY THE CORPORATION OR ANY AFFILIATE IN AN AMOUNT IN EXCESS OF LIMITS SET FROM TIME TO TIME BY THE MEMBER, (H) APPROVE THE OPERATING AND CAPITAL BUDGETS OF THE CORPORATION OR OF ANY AFFILIATE, AND ANY DEVIATIONS BY THE CORPORATION OR OF ANY AFFILIATE FROM SUCH BUDGETS IN AN AMOUNT OR PERCENTAGE SPECIFIED BY THE MEMBER FROM TIME TO TIME, (I) APPROVE THE STRATEGIC PLAN AND GOALS OF THE CORPORATION OR OF ANY AFFILIATE, (J) APPROVE THE SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR OF ANY AFFILIATE, (K) APPROVE THE MERGER OR DISSOLUTION OF THE CORPORATION OR OF ANY AFFILIATE, (L) ADOPT OR AMEND THE PLAN FOR MINISTRY EDUCATION AND GOVERNANCE FOR THE CORPORATION AND ITS AFFILIATES, (M) APPROVE THE CORPORATION'S MISSION ACCOUNTABILITY REPORTS AND THOSE OF ANY AFFILIATE, (N) APPROVE THE FINANCIAL POLICIES AND PROCEDURES OF THE CORP.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ORATION OR OF ANY AFFILIATE AND APPROVE ANY DEVIATIONS FROM SUCH POLICIES AND PROCEDURES B Y THE CORPORATION OR ANY AFFILIATE, AND (O) ADOPT POLICIES TO IMPLEMENT THE RESERVED POWER S OF THE MEMBER

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE HOSPITAL EMPLOYS CROWE LLP TO ASSIST IN THE OVERALL REVIEW AND ELECTRONIC SUBMISSION OF ITS FORM 990 CROWE LLP PROVIDES GUIDANCE IN IDENTIFYING CRITICAL ERRORS IN THE RETURN SUBMISSION AND FEEDBACK ON QUANTITATIVE AND QUALITATIVE RESPONSES ADDITIONALLY, THE HOSPITAL CFO PERFORMS A THOROUGH REVIEW OF THE RETURN AND REVIEWS IT WITH THE HOSPITAL CEO AND/OR SENIOR LEADERS BEFORE PRESENTING IT IN ITS ENTIRETY TO THE HOSPITAL BOARD FOR QUESTIONING AND REVIEW PRIOR TO THE RETURN'S SIGNING AND SUBMISSION TO THE IRS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>THE ORGANIZATION IS SUBJECT TO THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY ("POLICY") OF HOSPITAL SISTERS HEALTH SYSTEM, AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. A REVISED CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY HAVE BEEN IMPLEMENTED SINCE JANUARY, 2009 TO MANAGE CONFLICTS OF INTEREST USING A SYSTEM-WIDE PROTOCOL FOR DISCLOSURE STATEMENTS. IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, ALL COVERED PERSONS HAVE A DUTY TO COMPLY WITH THE CONFLICT OF INTEREST POLICY FOR ANY CONTRACT, TRANSACTION, RELATIONSHIP, OR ACTIVITY CONTEMPLATED, ENTERED INTO, OR CONDUCTED AT HSHS OR ITS AFFILIATES. THE POLICY DEFINES COVERED PERSONS AS BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS, BOARD DESIGNEES, SENIOR MANAGEMENT, MEMBERS OF ANY COMMITTEE THAT OVERSEES THE APPROVAL OF PHARMACEUTICALS AND MEDICAL DEVICES, AND ANY OTHER INDIVIDUAL WHO HOLDS A POSITION OF TRUST. ON AN ANNUAL BASIS, HSHS DISCLOSES A COPY OF THE CONFLICT OF INTEREST POLICY (AND ALL CORRESPONDING PROCEDURES, GUIDELINES, FORMS, AND TOOLS) TO ALL COVERED PERSONS AND ADVISES ALL COVERED PERSONS IN WRITING OF ANY SUBSTANTIVE CHANGES TO THIS POLICY AND SUCH RELATED MATERIALS. COVERED PERSONS ARE REQUIRED TO REVIEW AND COMPLETE THE CORRESPONDING CONFLICT OF INTEREST STATEMENT. THE SYSTEM OFFICE VICE PRESIDENT - SYSTEM RESPONSIBILITY, VICE PRESIDENT - RISK &amp; COMPLIANCE, OR MEMBERS OF THE AUDIT AND INTEGRITY COMMITTEE ("COMMITTEE") ARE AVAILABLE TO ANSWER ANY QUESTIONS A COVERED PERSON MAY HAVE. IN ADDITION, IF, AT ANY TIME AFTER SUBMITTING AN ANNUAL CONFLICT OF INTEREST STATEMENT, A COVERED PERSON BECOMES AWARE OF AN INTEREST THAT HE OR SHE WOULD HAVE HAD TO DISCLOSE AT THE ANNUAL INTERVAL, THE COVERED PERSON IS REQUIRED PROMPTLY TO DISCLOSE THE INTEREST TO THE COMMITTEE USING THE HSHS CONFLICT OF INTEREST DISCLOSURE STATEMENT. COMPLETED CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED TO THE COMMITTEE, WHICH IS RESPONSIBLE FOR IDENTIFYING, ASSESSING, AND MANAGING CONFLICTS OF INTEREST THAT ARISE IN THE COURSE OF CONDUCTING THE AFFAIRS OF HSHS AND ITS AFFILIATES. IF THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE CONFLICT OF INTEREST POLICY REQUIRES HSHS NOT TO ENGAGE IN, OR ENTER INTO A PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY UNLESS THE COMMITTEE OR, WHERE NECESSARY, THE BOARD OF DIRECTORS (ACTING THROUGH ITS DISINTERESTED MEMBERS), HAS INVESTIGATED ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY AND, IN THE ABSENCE OF ALTERNATIVES THAT ARE IN THE BEST INTERESTS OF HSHS, HAS DETERMINED 1 THAT, REGARDLESS OF WHETHER THE COVERED PERSON PARTICIPATES IN THE IMPLEMENTATION OF THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY, 2 THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS IN THE BEST INTERESTS OF HSHS, 3 THE CONTRACT, TRANSACTION, ARRANGEMENT,</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>ENT, OR ACTIVITY IS FAIR AND REASONABLE FROM THE PERSPECTIVE OF HSHS, AND 4 HSHS CANNOT OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES IN DETERMINING WHETHER A CONTRACT, TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO HSHS, THE COMMITTEE SHALL CONSIDER, WHERE APPLICABLE 1 AP PRAISALS OR OTHER INDEPENDENT VALUATIONS OF THE FAIR MARKET VALUE OF THE CONTRACT, TRANSACTION, OR ARRANGEMENT, 2 INFORMATION REGARDING COMPARABLE CONTRACTS, TRANSACTIONS, OR ARRANGEMENTS BETWEEN UNRELATED PARTIES, 3 OFFERS FROM COMPARABLE COMPETING ENTITIES, AND/OR 4 STUDIES OF COMPARABLE COMPENSATION ARRANGEMENTS IN ANY CASE IN WHICH THE COMMITTEE FINDS, AFTER TAKING THE STEPS DESCRIBED ABOVE, THAT HSHS SHOULD PARTICIPATE IN A PROPOSED TRANSACTION OR ARRANGEMENT DESPITE THE EXISTENCE OF A CONFLICT OF INTEREST, THE COMMITTEE SHALL DEVELOP, IMPLEMENT, MONITOR, AND ENFORCE COMPLIANCE WITH A CONFLICT MANAGEMENT PLAN FOR MANAGING THE CONFLICT OF INTEREST AS IT CONSIDERS NECESSARY FOR SUCH FINDINGS TO REMAIN VALID THROUGHOUT THE LIFE OF THE CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY ALL CONFLICT MANAGEMENT PLANS SHALL 1 STATE THAT THE COMMITTEE WILL OVERSEE, MONITOR, AND ENFORCE COMPLIANCE WITH THE PLAN THROUGHOUT THE COURSE OF THE STUDY AND SPECIFY MEANS FOR DOING SO, INCLUDING, WITHOUT LIMITATION, THAT THE APPROPRIATE INDIVIDUALS MUST PROVIDE THE COMMITTEE WITH WRITTEN REPORTS PERTAINING TO COMPLIANCE WITH THE CONFLICT MANAGEMENT PLAN, THAT THE COMMITTEE SHALL HAVE THE RIGHT TO AUDIT THE STUDY FOR SUCH COMPLIANCE AND THE RIGHT TO IMPOSE SANCTIONS FOR NON-COMPLIANCE, 2 STATE THAT THE PLAN MUST BE SHARED WITH COVERED PERSON WHOSE INTERESTS IT WAS DEVELOPED TO MANAGE, 3 STATE THAT THE PLAN MUST BE SHARED WITH, AND PERIODIC REPORTS ON COMPLIANCE WITH THE PLAN MUST BE PROVIDED TO, THE BOARD, SENIOR MANAGEMENT, AND/OR GOVERNMENT AGENCIES, AND 4 PROVIDE FOR SUCH OTHER MANAGEMENT STEPS AND MECHANISMS THE COMMITTEE CONSIDERS NECESSARY AND APPROPRIATE IN ADDITION TO THE COMMITTEE, THE SYSTEM OFFICE VICE PRESIDENTS OF SYSTEM RESPONSIBILITY AND RISK &amp; COMPLIANCE MAY RETAIN SUCH INDEPENDENT ADVISORS OR EXPERTS AS DEEMED NECESSARY TO ASSIST IN MAKING ITS DETERMINATIONS AND DECISIONS IF THE COMMITTEE DETERMINES THAT THE CONTEMPLATED TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY CANNOT PROCEED DUE TO A CONFLICT OF INTEREST, THE COMMITTEE SHALL INFORM THE APPLICABLE COVERED PERSON OR DECISION-MAKING BODY OF SUCH DETERMINATION WITHIN ONE WEEK OF THE COMMITTEE MEETING AT WHICH THE CONTEMPLATED TRANSACTION WAS DISCUSSED THE COMMITTEE SHALL DOCUMENT ITS REJECTION OF THE CONTEMPLATED TRANSACTION IN THE COMMITTEE'S MEETING MINUTES</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>THE COMPENSATION COMMITTEE (COMMITTEE) IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE DEVELOPS A COMPENSATION PHILOSOPHY FOR THE SYSTEM AND ALL AFFILIATES. THE COMMITTEE SELECTS AND HIRES THE INDEPENDENT COMPENSATION CONSULTANT TO DEVELOP COMPARABILITY DATA AND ADVISE THE COMMITTEE DURING ITS DELIBERATIONS REGARDING ALL ELEMENTS OF TOTAL COMPENSATION FOR ALL HSHS EXECUTIVES, (the top management official, other officers and key employees). INTEGRATED HEALTHCARE STRATEGIES ("IHS"), THE CONSULTANTS UTILIZED BY THE COMMITTEE, USE DATA FROM MULTIPLE TAX-EXEMPT PEER GROUP SOURCES (derived from a full market review conducted every other year) TO DETERMINE SALARY RANGES, INCENTIVE OPPORTUNITY RANGES AND BENEFITS FOR THE HSHS executives. IHS THEN ASSISTS THE COMMITTEE IN PREPARING CONTEMPORANEOUS DOCUMENTATION OF ALL ACTIONS. EACH COMMITTEE MEETING IS CONDUCTED WITH THE INTENT TO CREATE A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL ELEMENTS OF EXECUTIVE TOTAL COMPENSATION. THE CHAIRMAN MAKES THIS DECLARATION AND ALSO INQUIRES IF THERE ARE ANY CONFLICTS OF INTEREST BY ANY ATTENDEES. ANY CONFLICTS ARE DISCLOSED AND THE COMMITTEE THEN ACTS IN A MANNER TO AVOID ANY CONFLICTED INDIVIDUAL PARTICIPATING IN ANY MANNER WHERE A CONFLICT MIGHT EXIST. AT THE END OF THE MEETING, THE COMMITTEE PREPARES CONTEMPORANEOUS MINUTES THAT RECORD ALL ACTIONS TAKEN DURING THE MEETING. The process for reviewing compensation by the compensation committee is completed each fiscal year.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	BOARD-APPROVED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC AT THIS TIME

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Parking and Security - Total Revenue 102728, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 102728, Laundry - Total Revenue 35555, Related or Exempt Function Revenue , Unrelated Business Revenue 35555, Revenue Excluded from Tax Under Sections 512, 513, or 514 , Dietary - Total Revenue 24116, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 24116, Transcript/Radiology copy fees - Total Revenue 1469, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1469,

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Purchased Services - Total Expense 58198458, Program Service Expense 56357516, Management and General Expenses 1840942, Fundraising Expenses 0, Professional Fees - Total Expense 37637187, Program Service Expense 18455620, Management and General Expenses 19181567, Fundraising Expenses 0, SHARED SERVICE EXP - Total Expense 38073525, Program Service Expense 730596, Management and General Expenses 37342929, Fundraising Expenses 0,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part X, Line 11 POOLED INVESTMENT ACCOUNT	ST JOHN'S HOSPITAL'S CASH RESERVES ARE INVESTED IN A POOLED INVESTMENT ACCOUNT PARTICIPATION IN THE POOLED FUND IS LIMITED TO THE 501(C)(3) HOSPITALS AND RELATED HEALTH SERVICES ORGANIZATIONS SPONSORED BY HOSPITAL SISTERS HEALTH SYSTEM THE POOLED ACCOUNT CONSISTS OF CASH, AND EQUITY AND DEBT SECURITIES THAT ARE PUBLICLY TRADED IN ACCORDANCE WITH THE PROVISIONS OF SFAS NO 124 "ACCOUNTING FOR CERTAIN INVESTMENTS HELD BY NOT-FOR-PROFIT ORGANIZATIONS", INVESTMENTS IN EQUITY SECURITIES WITH READILY DETERMINABLE VALUES, AND ALL INVESTMENTS IN DEBT SECURITIES, ARE REPORTED AT FAIR VALUE ON THE BALANCE SHEET INCOME, REALIZED AND UNREALIZED GAINS AND LOSSES ARE POOLED AND ALLOCATED TO THE PARTICIPANTS INDIVIDUAL COMPONENTS OF ASSETS AND REVENUE ARE NOT IDENTIFIED TO THE INDIVIDUAL HOSPITAL PARTICIPANTS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS TO/FROM AFFILIATES - -32795830, Mark to Market Pension Adjustment - 8098684, CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - 1390968, CHANGE IN PERMANENTLY RESTRICTED NET ASSETS - 208186, SWAP PAYMENTS - - 233655, CHANGE IN TEMPORARILY RESTRICTED NET ASSETS - 2188688,

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number  
37-0661238

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KIARA CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1417684	HEALTHCARE	IL	-1,385,886	3,938,708	HSSI
(2) PHYSICIAN CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1668647	HEALTHCARE	IL	149,935	8,833,307	KCIN
(3) HSHS ACO LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 32-0465666	HEALTHCARE & SOCIAL ASSISTANCE	IL	-538,042	88,228	KCIN

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

Yes

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

Yes

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

Yes

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

Yes

s Other transfer of cash or property from related organization(s) . . . . .

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
Schedule R, Part VII Related Organizations	Due to the increasingly complex organization structure of Hospital Sisters Health System and Affiliates, the filing organization has elected to report all organizations within Hospital Sisters Health System as related, regardless of ownership interest or "control" as defined by the instructions to Schedule R. The intent of this reporting is to promote transparency and increase consistency across the numerous Form 990 submissions by Hospital Sisters Health System and Affiliates.



Additional Data

Software ID: 17005876  
Software Version: 2017v2.2  
EIN: 37-0661238  
Name: St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1058692	HEALTHCARE	IL	501(c)(3)	Type III-FI	NA		No
4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1186514	HEALTHCARE	IL	501(c)(3)	7	HSHS	Yes	
2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 51-0157933	HEALTHCARE	WI	501(c)(3)	Type I	HSSI	Yes	
990 WEST CLAIREMONT AVENUE EAU CLAIRE, WI 54701 39-0807060	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
503 N MAPLE STREET EFFINGHAM, IL 62401 37-0661233	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
ONE ST ELIZABETHS BLVD OFALLON, IL 62269 37-0663567	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
3100 SUPERIOR AVENUE SHEBOYGAN, WI 53081 39-0808480	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
9515 HOLY CROSS LANE BREESE, IL 62230 37-1208459	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 39-0810545	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
1800 E LAKE SHORE DRIVE DECATUR, IL 62521 37-0661244	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
111 SPRING STREET STREATOR, IL 61364 36-2169181	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
1762 SHAWANO AVENUE GREEN BAY, WI 54303 39-0818682	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
835 S VAN BUREN GREEN BAY, WI 51301 39-0817529	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
12866 TROXLER AVENUE HIGHLAND, IL 62249 37-0663568	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
1215 FRANCISCAN DRIVE LITCHFIELD, IL 62056 37-0661236	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163402	HEALTHCARE	IL	501(c)(3)	Type III-FI	HSHS	Yes	
3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-3956318	HEALTHCARE	IL	501(c)(3)	Type III-FI	HSSI	Yes	
3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-4515959	HEALTHCARE	WI	501(c)(3)	Type III-FI	HSSI	Yes	
919 ASHLAND AVENUE SHEBOYGAN, WI 53081 39-1860942	HEALTHCARE	WI	501(c)(3)	10	ST NICHOLAS	Yes	
2366 OAK RIDGE CIRCLE DE PERE, WI 54115 39-1750729	HEALTHCARE	WI	501(c)(3)	10	HSSI	Yes	

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
317 NORTH 5TH STREET SPRINGFIELD, IL 62701 37-1157915	HEALTHCARE	IL	501(c)(3)	4	HSSI	Yes	
855 S MAIN STREET OCONTO FALLS, WI 54154 39-0848401	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
200 HEALTHCARE DRIVE GREENVILLE, IL 62246 37-0792770	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
200 HEALTHCARE DRIVE GREENVILLE, IL 62246 37-1140166	FUNDRAISING	IL	501(c)(3)	Type II	HFG	Yes	
200 SOUTH CEDAR STREET SHELBYVILLE, IL 62565 37-0512290	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
200 SOUTH CEDAR STREET SHELBYVILLE, IL 62565 37-1778753	TRUST	IL	501(a)		GSS	Yes	

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEMORIAL AND ST ELIZABETH'S HEALTHCARE CANCER TREATMENT CENTER  4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 37-1312961	HEALTHCARE	IL	ST ELIZABETH'S	Related	187,165	0		No			No	50 %
PRAIRIE HEART INSTITUTE ST JOHN'S  800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	Related	0	0		No			No	100 %
PAIN CENTER OF WISCONSIN  4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	Related	240,126	4,769,500		No			No	50 %
PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC  4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 36-4717036	HEALTHCARE	WI	ST CLARE	Related	-48,977	202,533		No			No	50 %
CARPENTER STREET HOTEL LLC  525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A								0 %
SPRINGFIELD URGENT CARE REAL ESTATE LLC  PO BOX 19456 SPRINGFIELD, IL 627949456 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A								0 %
PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC  4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1479945	MEDICAL	IL	HSHS	Related	-6,440	20,163		No		Yes		100 %
SOUTHWEST ILLINOIS HEALTH SERVICES REAL ESTATE LLP  4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 82-3633320	REAL ESTATE	IL	ST ELIZABETH'S	Related	0	2,467,223		No			No	50 %

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
KIARA INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163401	HEALTHCARE	IL	HSBS	C Corporation	-32,771,486	29,755,341	100 %	Yes	
LASANTE WISCONSIN INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 39-1572196	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
LASANTE INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163400	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
PRAIRIE CARDIOVASCULAR 619 EAST MASON SUITE 4P57 SPRINGFIELD, IL 62701 37-1071858	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
PREVEA HEALTH SERVICES INC 2710 EXECUTIVE DRIVE GREEN BAY, WI 54304 39-1839351	HEALTHCARE	WI	HSSI	C Corporation	82,898	44,874,417	50 %	Yes	
PREVEA CLINIC INC 2710 EXECUTVE DRIVE GREEN BAY, WI 54304 39-1839349	HEALTHCARE	WI	PHSI	C Corporation				Yes	
RENAISSANCE QUALITY INSURANCE LTD PO BOX 1159 GRAND CAYMAN KY11102 CJ 98-0669953	INSURANCE	CJ	HSSI	C Corporation	0	116,763,493	100 %	Yes	
OJV INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 46-0873384	HEALTHCARE	IL	LASANTE INC	C Corporation				Yes	